SIGNATURE OF SINGLE RESPONSIBLE PARTY

PRINTED NAME OF SINGLE RESPONSIBLE PARTY

BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE, AND ZIP CODE)

BUSINESS NAME

RE 699C (Rev. 3/99)		
NAME OF	SUBDIVISION	
TRACT NAME/NUMBER		COUNTY
	CERTIFICATION	N .
re	I certify that I am familiar with the California Department quirements governing issuance of subdivision public repo	
	I further certify that I have utilized Master Management De	ocuments which have been approved by DRE.
	I certify that in all other respects the attached subdivision filing is totally complete and correct.	
ar	This complete filing includes a Worksheet (Common Internal one photocopy for review and issuance by the DRE.	rest) (RE 622A), an original typed public report
	I understand that the DRE will review this filing on an eentified, other than deficiencies in the budget, the Departmee public report within ninety (90) days.	
•	I also understand that if this filing is incomplete, this jeop cocessing program; I will be notified of the deficiencies, an andling.	

DATE

TITLE